## Adult Medical Emergencies: Non-traumatic Shock



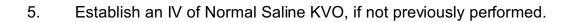
**Note Well:** This protocol applies to patients in suspected non-traumatic shock secondary to hypovolemia, cardiogenic and/or septic

shock.

#### I. All Provider Levels

- 1. Refer to the Patient Care Protocol.
- 2. Provide 100% oxygen via NRB. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
- 3. Place the patient in the shock position if not in severe respiratory distress.
- 4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.





**Note Well:** An ALS Unit must be en route or on scene.

6. Normal Saline boluses of 250cc up to a maximum of 1,000 cc. if symptoms of hypoperfusion are present without pulmonary edema.

**Note Well:** Reassess patient, including lung sounds and vital signs, after every 250cc bolus.





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### II. Advanced Life Support Providers

- 1. Attach EKG monitor and interpret rhythm.
- 2. Consider obtaining a 12 lead EKG if MI is suspected.
- 3. Reassess patient every 3 5 minutes.



#### III. Transport Decision

1. Transport to the closest appropriate open facility.



### IV. The Following Options are Available by Medical Control Only

- 1. Dopamine infusion of 5 20 ug/kg/min.
- 2. Additional normal saline bolus of 250-1000cc.



**Note Well:** Use with caution in the presence of pulmonary edema. Reassess patient, especially lung sounds, frequently.

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